

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) **Summary Sheet**

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
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COMMITTEE INFORMATION								
1. Full Name of Committee (as on Statement of Organization) Check if this is a new i	name							
Laura Campbell for Council								
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number , 317 \ 665-0311							
4 Na: 11: - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
4. Mailing Address (address where all campaign finance correspondence is received) [Check if this is a new address P.O. Box 382								
5. City, State, ZIP Code	6. Party Affiliation (if applicable)							
Carmel, IN 46082	Republican							
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)						
7. Full Name of Candidate (include any nickname)	8. Party Affiliation or if Independent Candidate			t Candidate				
Laura D. Campbell	Republican							
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence							
Carmel Common Council, District NW	Hamilton							
TYPE OF REPORT		c	ONVENTION	N CANDIDATES ONLY				
11. Check one:	_	C	heck one:					
Pre-Primary Pre-Election 🗸 Annual Nomination Other			Pre-Convention					
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of	f Organization,	, [Post-Con	vention				
12. Reporting Period:		COLUM	AN A	COLUMN B				
From: January 1, 2014 Through: December 31, 2014		This Pe	eriod	Year to Date				
13. Cash on hand and investments at the beginning of this reporting period.			0.00	<u> </u>				
14. Cash on hand and investments January 1, current year.				0.00				
CONTRIBUTIONS AND RECEIPTS								
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)								
15a. Itemized (use Schedule A)			2,700.00	2,700.00				
15b. Unitemized			175.00	175.00				
	OTAL		2,875.00	2,875.00				
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL		2,875.00	2,875.00				
EXPENDITURES								
(Note: These amounts include in-kind expenditures and loan repayments.)								
17a. Itemized (use Schedule B) (Public Question: use Schedule C)			0.00	0.00				
17b. Unitemized			108.52	108.52				
17c. Add lines 17a and 17b in both columns SUB	TOTAL		108.52	108.52				
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL		2,766.48	2,766.48				
19. Debts OWED BY the committee (use Schedule D)								
20 Debts OMED TO the committee (use Schedule E)								

	4. [<u> </u>
CETTECATION	FOR OFFICE USE ONLY
IY KNOWLEDGE AND BELIEF IT	IS TRUE, CORRECT AND COMPLETE.
Treasurer	Date 1/14/18 3 NO COURTS
	Date 1/14/15 CLERK OF COURTS
who fails to file a complete or ac	ose. (IC 3-9-4-5) A person who knowingly courate report as required by the Indiana C 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as been proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER							
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Page	1	of	1				

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED
(street, number, city, state, ZIP code) 1. Laura D. Campbell	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
13110 Irwin Way	Direct			10/01/0011
Carmel, IN 46032	In-Kind (describe)			10/24/2014
		*****	* 000 00	
	Other Receipts. Interest Loan	\$200.00	\$200.00	
	Misc. (specify)			LC
	inias. (speeny)	'		
Contributor's Occupation (if required) 2. Richard L. Diasio	O			
8965 Heatherstone Pl.	Contributions: Direct		4	
Zionsville, IN 46077	In-Kind (describe)			11/20/2014
,,				
	Other Receipts:	\$2,500.00	\$2,500.00	-
	Interest Loan			1.0
	Misc. (specify)			LC
Contributor's Occupation (if required) Retired				
3.	Contributions:			_
	☐ Direct☐ In-Kind (describe)	,		
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)			
Contributor's Occupation (if required)		'		
4.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Misc. (specify)			
Contributed One and the Contribute				Ì
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 2,700.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 2,700.00		